

Opioids

Member Information <small>(required)</small>		Provider Information <small>(required)</small>	
Member Name:		Provider Name:	
ID#:		NPI#:	
Date of Birth:		Office Phone:	
Pharmacy Information			
Pharmacy Name:		Pharmacy NPI:	
Pharmacy Phone:		Pharmacy Fax:	
Medication Information <small>(required)</small>			
Medication Name:		Strength:	
Directions for use:			

All information to be legible, complete and correct or form will be returned. FAX DOCUMENTATION INCLUDING PROGRESS NOTES or UPDATED LETTER OF MEDICAL NECESSITY TO 855-828-4992

Effective January 1, 2019 Utah Medicaid will adopt morphine milligram equivalent (MME) and cumulative daily morphine equivalent dose (MED) methodology for adjudication of all opioid claims for the treatment of non-cancer pain. Two sets of daily MED thresholds will be established; a threshold of 90 MED for "opioid naïve" individuals who have not had a claim for an opioid in the last 90 days, and 180 MED for "opioid experienced" individuals who have had a claim for an opioid in the last 90 days from the index opioid prescription. The MED threshold for opioid experienced individuals will be reduced over time to achieve one common MED standard for all Utah Medicaid members.

FDA Black Box Warning: Concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing for use in patients for whom alternative treatment options are inadequate; limit dosages and durations to the minimum required; and follow patients for signs and symptoms of respiratory depression and sedation.

Note: Providers will need to complete sections, as applicable.

Long Acting Opioids: *Patient **must** have received a prescription for a short acting opioid within 30 days of initiating therapy on a long acting opioid.*

Criteria for Approval:

- 1) Member is < 18 years old? ☐ Yes ☐ No
- 2) Documented clinical rationale why the member has a paid claim for any buprenorphine-naloxone combination, buprenorphine, and naloxone or naltrexone medication within the past 18 months

Combinations with Long Acting Opioids: *Patient must not have a paid claim for a benzodiazepine within 45 days of using a long acting opioid.*

Criteria for Approval:

- 1) Please indicate the patient's diagnosis for taking a benzodiazepine:
☐ adjunct for relief of skeletal muscle spasms ☐ anxiety ☐ convulsive disorders
☐ panic disorder ☐ sleep ☐ other: _____
- 2) Is the patient being treated for a sleep disorder? ☐ Yes, specify: _____ ☐ No
- 3) Document the fill date of the patient's last opioid Rx: _____
- 4) Document the fill date for the patient's last benzodiazepine Rx: _____

High Dose Opioids Criteria for approval:

- 1) Is the member currently using or has tried and failed at least two non-opioid pain alternatives including NSAIDs, non-opioid analgesics, antidepressants, or anticonvulsants? ☐ Yes ☐ No

Drug Name/Strength/Dose	Date(s) & Duration of Trial	Treatment Outcome

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

2) If the MME limit is exceeded, provide clinical rationale and supporting chart notes:

3) Provide plan to taper, if available.

Provider Attests to all of the following:

- 1) Provider has a signed opioid treatment agreement with the member? ☐Yes ☐No
- 2) Provider has checked the Utah's Controlled Substance Database with each prescription? ☐Yes ☐No
- 3) Provider has discussed with the member benefits and potential harm, including combining opioids with other CNS depressants? ☐Yes ☐No
- 4) Provider has counseled members with high-risk conditions (sleep apnea, pregnancy, mental health conditions, substance abuse disorders, or children) are aware of the heightened risk of using opioids? ☐Yes ☐No
- 5) Member has received naloxone education? ☐Yes ☐No

Initial authorization: One (1) month

Re-authorization: Up to three (3) months

I certify that the benefits of opioid treatment for this patient outweigh the risks and verify that the information provided on this form is true and accurate to the best of my knowledge.

Prescriber's Signature

Date